PTO/SB/17 (10-08)
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Under the Pa	iperwork Reduction Act of	1995, no person are	required ic	respond to a conecti	on or aniomati	on unices it disple	ays a valid Olvi	B odna or mann
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
				Application Nur		10/646,292-Conf. #9380		
FEE TRANSMITTAL				Filing Date August 22, 2003				
For FY 2009				First Named Inventor Oksana Pen			ezina	
				Examiner Name H. Vo				
Applicant claims small entity status. See 37 CFR 1.2			7	Art Unit		1794 57315(45858	-	
TOTAL AMOUNT OF PAYMENT		(\$) 810.00	(\$) 810.00		Attorney Docket No. 5)	
METHOD OF	PAYMENT (check	all that apply)						
Check	Credit Card	Money Order	No	ne Other	(please identify	/): 		
X Deposit Ac	count Deposit Account	Number: 04-	-1105	Deposit	Account Name:	Edwards Ang	ell Palmer 8	Dodge LLF
For the	above-identified depo	osit account, the D	irector is	s hereby authorize	ed to: (chec	k all that apply	·)	
x Ch	narge fee(s) indicated	d below		Charg	e fee(s) ind	icated below,	except for t	he filing fe
x Ch	narge any additional t e(s) under 37 CFR 1.	fee(s) or underpay 16 and 1.17	ments o	f x Credit	any overpa	yments		
FEE CALCUL								-
1. BASIC FILING	G, SEARCH, AND E	XAMINATION FE	ES					
	FII	LING FEES	SE	ARCH FEES	EXAMIN	ATION FEES		
Application Ty	rpe <u>Fee (\$</u>	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)		Paid (\$)
Utility	330	165	540	270	220	110	4	
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLA	IM FEES							Small Entit
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (including Reissucs)							52	26
Each independent claim over 3 (including Reissues)							220	110
Multiple depend					20		390	195
Total Claims		F	Fee Paid (\$)		Multiple Dependent Claims			
	or HP = er of total claims paid for				ree	<u> </u>	Fee Paid (<u>51</u>
Indep. Claims	Extra Claims		Fe	ee Paid (\$)				_
	or HP =	_ x =						
HP = highest numb	er of independent claims	paid for, if greater tha	n 3.					
3. APPLICATION If the specificat	ion and drawings ex	ceed 100 sheets o	of paper	(excluding electro	onically file	ed sequence or	r computer	0
	er 37 CFR 1.52(e)), to ction thereof. See 3.				or sman en	inty) for each a	additional 5	U
Total Sheets				dditional 50 or frac	tion thereof	Fee (\$)	Fee	Paid (\$)
	- 100 =	/50 =		(round up to a who	ole number) x		=	
4. OTHER FEE(S	•						<u>Fees</u>	Paid (\$)
-	Specification, \$130 ate filing surcharge):	•			tion (RCF)	(see 37	81	10.00
	g sarcharge).					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
SUBMITTED BY Signature	/Lisa Swiszcz Haz	zard/		Registration No. (Attorney/Agent)	44,368	Telephone	(617) 51	7-5512
	Lisa Swiszcz Haz	TV.			,555		December	
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